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ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known Substitute for form 1449B/PTO **Application Number** 09/904,929 INFORMATION DISCLOSURE Filing Date July 13, 2001 STATEMENT BY APPLICANT First Named Inventor Jayme Edwards 3761 **Group Art Unit** (use as many sheats as necessary) Examiner Name Attorney Docket Number 01SW076

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		OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS	
Examiner Initiats	Cite No.1	include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(e), publisher, city and/or country where published.	Τ²
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SUPPLEMENTAL

INFORMATION DISCLOSURE

STATEMENT BY APPLICANT

Complete if Known

09/904.929

July 13, 2001

Jayme Edwards

PTO/SB/08b (08-03)

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Application Number

First Named Inventor

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Art Unit

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(Use as many sheets as necessary)					Examiner Name	Hieu C. Le			
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Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the Item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.							
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